



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•CTD000840272

INSTALLATION ADDRESS

NEW HAVEN TERMINAL INC
P O BOX 1914
NEW HAVEN

CT 06509

FRONTAGE ROAD
EAST HAVEN

CT 06512

REQUEST FOR CHANGE

EPA ID #: CTD 000840272

COMPANY NAME: New Haven Term

Date of Request: _____

TOWN: New Haven

| | SECTION/ITEM TO BE CHANGED | OLD VALUE | NEW VALUE | REASON/COMMENTS |
|-------|-------------------------------|--|---------------------------------------|------------------|
| I* | Name of Installation | New Haven Term Inc East Haven | New Haven Term Inc. | 9/12/91 |
| II** | Location of Installation | | | 9/17/91 RCKIS |
| III | Installation Mailing Address | PO Box 1914 06509 | PO Box 9423 New Haven, CT 06534 | |
| IV a. | Installation Contact's Name | Maitland, Frank | Karecki, Robert S. | |
| b. | Installation Contact Title | | | |
| c. | Installation Contact Phone # | | | |
| V a. | Ownership | | | |
| b. | Property Owner | | | |
| VI | Status | (Originally notified as:) SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF | Change status to: | |

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

** If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.

10/90

REQUEST FOR CHANGE

EPA ID #: CTD 000840272

COMPANY NAME: Wyatt Inc. Frontage Rd. Terminal

Date of Request: 5/30/91 IR

East Haven

TOWN: _____

| | SECTION/ITEM TO BE CHANGED | OLD VALUE | NEW VALUE | REASON/COMMENTS |
|-------|-------------------------------|--|-------------------|---------------------------|
| I* | Name of Installation | | | |
| II** | Location of Installation | | 7/23/91 RCRIS | |
| III | Installation Mailing Address | | 7/23/91 RCRIS | |
| IV a. | Installation Contact's Name | Barbaro Andrew | Calamita, Stephen | per 1990 fee payment form |
| b. | Installation Contact Title | Mgr. | Admin. | |
| c. | Installation Contact Phone # | | | |
| V a. | Ownership | | | |
| b. | Property Owner | | | |
| VI | Status | (Originally notified as:) SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF | Change status to: | |

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

** If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



NOTIFICATION OF APPROVAL OF STATUS CHANGE REQUEST FOR STORAGE FACILITIES

April 16, 1990

Frank Maitland
New Haven Terminal
30 Waterfront Street
New Haven, Ct. 06509

Re: Status change request from a Generator and Storage Facility to a Generator only for Frontage Rd. East Haven, CTD000840272

Dear Mr. Maitland:

The New Haven Terminal status change request from a Generator and Storage Facility to a Generator requested by New Haven Terminal has been reviewed and approved by the Connecticut Department of Environmental Protection Hazardous Waste Management Section in conjunction with the U.S. Environmental Protection Agency.

The EPA data base has been updated to reflect this change.

DEP is returning a copy of your permit application since New Haven Terminal is not required to obtain a hazardous waste facility permit under Connecticut Hazardous Waste Management Regulations.

If in the future, New Haven Terminal decides to operate as a facility which requires a permit, a complete Part 'B' permit applications must be submitted and a final permit acquired prior to any operation. Failure to obtain a permit when required, may subject New Haven Terminal to enforcement action under Sections 22a-131 and 22a-131a of the Connecticut General Statutes and the Federal Resource Conservation and Recovery Act.

Should you have additional questions regarding this matter please contact Inga Rubecka of the Waste Management Permit Section at 566-4869.

Sincerely,

Patrick Bowe
Assistant Director
Waste Engineering & Enforcement Division

GD/IR/ir
cc: Gerald Sotolongo - U.S. EPA Region I

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

An Equal Opportunity Employer

REQUEST FOR CHANGE

EPA ID #: CTD 000840272

COMPANY NAME: Wyatt, Inc.TOWN: Branford

| | SECTION/ITEM TO BE CHANGED | OLD VALUE | NEW VALUE | REASON/COMMENTS |
|-------|---|---|---|--|
| * I | Name of Installation | New Haven Terminal, Inc. Frontage Road Terminal | Wyatt, Inc. Frontage Road Terminal | Property leased by New Haven Terminal, Inc. to Wyatt, Inc. |
| II | Location of Installation | Frontage Road East Haven, CT | Frontage Road East Haven, CT | |
| III | Installation Mailing Address | 100 Waterfront St P.O. Box 9423 New Haven, CT 06511 | 85 East Street New Haven, CT 06511 | |
| IV a. | Installation Contact's Name | Frank Maitland | Andrew Barbaro | |
| b. | Installation Contact Title | Engineering MGR | Terminal MGR | |
| c. | Installation Contact Phone # | 203-469-1391 | 203-467-6058 | |
| V a. | Ownership | P | P | |
| b. | Property Owner | New Haven Terminal Inc. | New Haven Terminal Inc. | |
| VI | Status | (Originally notified as:) SQG (<100kg) SQG (100-1000kg) (GENERATOR) (TRANSPORTER) (TSDF) | Change status to: (Generator Only) | 04/30/90 |
| X | EPA Waste Number(s) TSD Facility Process Changes (handling methods). | D001, D002, K049 K050, K051, K052 | D001 | 04/30/90 |

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

December 26, 1984

Mr. Edward Parker, Assistant Director
Hazardous Waste Management Section
Department of Environmental Protection
165 Capitol Avenue/State Office Building
Hartford, Connecticut 06106

Dear Mr. Parker:

This is in continuation of our response to your letter dated July 6, 1984, concerning status change requests from a list of 122 TSD facilities.

Presently, EPA is processing status changes for seven facilities. Enclosed is a list of those facilities and the changes made. Also enclosed are the Part A permit applications to be returned by DEP to the respective facility.

As mentioned earlier; we recommend no DEP action on returning Part A's to the companies, or public noticing the status changes until we figure out the impact of the new RCRA Amendments.

If you have any questions, please contact me at (617) 223-1908.

Sincerely,

William B. Torrey, III
CT State Coordinator

CONCURRENCES

SYMBOL

SURNAME

OFFICIAL FILE COPY

CTD000084C 772

ACKNOWLEDGEMENT SENT

1509

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐(2) FORM 3 MISSING ☐B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐C. (1) DATE of OPERATION MISSING ☐(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐2(1) Non
NotifierD. (2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐E. (1) FORM 1, XIII B SIGNATURE missing ☐(2) FORM 3, IX B SIGNATURE missing ☐2. A. HANDLER ☒B. NONREGULATED ☐C. UNSURE ☐D. UNKNOWN FACILITY
(missing name and address on Form 3) ☐E. NEW FACILITY ☐F. CORE ITEM(S) MISSING ☐G. NON-CORE ITEM(S) MISSING ☐H. OTHER ☐

Coded:
009- country
4117300- lat
07252300- lon
21
R 3/3

ITEM NUMBER

- II. Pollutant Characteristics ☐
- *III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
 - A. Street or P.O., Box ☐
 - B. City or Town ☐
 - C. State ☐
 - D. Zip Code ☐
- VI. Facility Location
 - *A. Street, Route Number ☐
 - B. County Name ☐
 - *C. City or Town ☐
 - *D. State ☐
 - E. Zip Code ☐
 - F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
 - *A. Name ☐
 - *B. Is the name listed in VIII-A also the owner ☐
 - C. Status of operator ☐
 - D. Phone ☐
 - *E. Street or P.O. Box ☐
 - *F. City or Town ☐
 - *G. State ☐
 - H. Zip Code ☐

- IX. Indian Land ☐
- X. Existing Environmental Permits ☐
- XI. Map ☐
- XII. Nature of Business ☐
- XIII. Certification
- A. *1. Name and ☐
2. Official Title ☐
- *B. Signature ☐
- *C. Date Signed ☐

Comments:

Form 1 is missing ☐

Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐

2. New Facility Date (after November 19, 1980) ☐

*III. Processes

A. Process Code ☐

B. Process Design Capacity-Amount

1. Amount ☐

2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

A. EPA Hazardous Waste Number ☐

B. Estimated Annual Quantity ☐

C. Unit of Measure ☐

D. Processes

1. Process Codes ☐

2. Process Description ☐

V. Facility Drawing ☐

VI. Photographs ☐

VII. Facility Geographic Location ☐

VIII. Facility Owner

*1. Name of Facility's Legal Owner ☐

2. Phone ☐

*3. Street or P.O. Box ☐

*4. City or Town ☐

*5. State ☐

6. Zip Code ☐

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐


Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.

FORM 3 RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER

FC T D 0 0 0 8 4 0 2 7 2

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY

6 8 0 8 2 0

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|----------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |

| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
|-----------------|----------------------|----------------------|----------------------|-----------------|----------------------|
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

| LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY |
|-------------|---|----------------------------|--|-------------|---|----------------------------|--|
| | | 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | | | 1. AMOUNT | 2. UNIT OF MEASURE (enter code) |
| X-1 | S 0 2 | 600 | G | 5 | | | |
| X-2 | T 0 3 | 20 | E | 6 | | | |
| 1 | S 0 2 | 20,000 | G | 7 | | | |
| 2 | S 0 1 | 500 | G | 8 | | | |
| 3 | S 0 2 | 12,000 | G | 9 | | | |
| 4 | | | | 10 | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS..... | P | KILOGRAMS..... | K |
| TONS..... | T | METRIC TONS..... | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
- For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
- For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
- Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. JZ | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------------|--|--|--|--|---------------------------------------|--|--|--|--|---------------------------------|-------------------------------------|--------------------------|--|--|--|--|---|--|--|--|--|---------|--|--|--|--|---------|--|--|--|--|
| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | | |
| C T D 0 0 0 8 4 0 2 7 2 | | | | | | | | | | | | | D U P | | | | | | | | | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | | | | | | | | | | | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | | | | | | | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | | A. EPA HAZARD. WASTE NO. (enter code) | | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | | | | | C. UNIT OF MEASURE (enter code) | | D. PROCESSES | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 1. PROCESS CODES (enter) | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 27 - 29 | | | | | 27 - 29 | | | | | 27 - 29 | | | | | 27 - 29 | | | | |
| 1 | | F 0 0 5 | | | | | 660 | | | | | P | | S 0 2 | | | | | | | | | | | | | | | | | | | |
| 2 | | K 0 4 9 | | | | | 645 | | | | | P | | S 0 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | K 0 5 0 | | | | | 645 | | | | | P | | S 0 2 | | | | | | | | | | | | | | | | | | | |
| 4 | | K 0 5 1 | | | | | 750 | | | | | P | | S 0 1 | | | | | | | | | | | | | | | | | | | |
| 5 | | K 0 5 2 | | | | | 35000 | | | | | P | | S 0 2 | | | | | | | | | | | | | | | | | | | |
| 6 | | P 1 1 0 | | | | | 700 | | | | | P | | S 0 1 | | | | | | | | | | | | | | | | | | | |
| 7 | | U 1 5 4 | | | | | 7450 | | | | | P | | S 0 2 | | | | | | | | | | | | | | | | | | | |
| 8 | | D 0 0 1 | | | | | 35000 | | | | | P | | S 0 2 | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

| | | | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|----|----|----|-----|----|
| EPA I.D. NO. (enter from page 1) | | | | | | | | | | | | | |
| F | C | T | D | 0 | 0 | 0 | 8 | 4 | 0 | 2 | 7 | T/A | C |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

| LATITUDE (degrees, minutes, & seconds) | | | | | | LONGITUDE (degrees, minutes, & seconds) | | | | | |
|--|----|----|----|----|----|---|----|----|----|----|----|
| 4 | 1 | 1 | 7 | 3 | 0 | 7 | 2 | 5 | 2 | 3 | 0 |
| 65 | 66 | 67 | 68 | 69 | 71 | 72 | 74 | 75 | 76 | 77 | 79 |

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

| | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--------------------------------|--|--|--|--|--|
| 1. NAME OF FACILITY'S LEGAL OWNER | | | | | | 2. PHONE NO. (area code & no.) | | | | | |
| E | | | | | | 55 58 - 58 59 - 61 62 - 65 | | | | | |
| 3. STREET OR P.O. BOX | | | | | | 4. CITY OR TOWN | | | | | |
| F | | | | | | 5. ST. | | | | | |
| G | | | | | | 6. ZIP CODE | | | | | |
| 48 49 50 51 52 | | | | | | 40 41 42 43 44 | | | | | |

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| KEN B. YOUNG | Ken B. Young | 11/18/80 |

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| | | |

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER C T D 0 0 0 8 4 0 2 7 2 | |
|-------------------------------|--|---|--|---|--|
| II. POLLUTANT CHARACTERISTICS | | PLEASE PLACE LABEL IN THIS SPACE | | GENERAL INSTRUCTIONS | |
| I. EPA I.D. NUMBER | | | | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| III. FACILITY NAME | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| VI. FACILITY LOCATION | | | | | |

| SPECIFIC QUESTIONS | | MARK 'X' | | SPECIFIC QUESTIONS | | MARK 'X' | |
|--|-----|----------|---------------|--|-----|----------|---------------|
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

| III. NAME OF FACILITY | |
|-----------------------|-----------------------------------|
| 1 | NEW HAVEN TERMINAL INC EAST HAVEN |

| IV. FACILITY CONTACT | |
|--|--------------------------|
| A. NAME & TITLE (last, first, & title) | |
| 2 | YOUNG KEN VICE PRESIDENT |

| V. FACILITY MAILING ADDRESS | |
|-----------------------------|-----------|
| A. STREET OR P.O. BOX | |
| 3 | BOX 1914 |
| B. CITY OR TOWN | |
| 4 | NEW HAVEN |
| C. STATE | |
| 5 | CT |
| D. ZIP CODE | |
| 6 | 06509 |

| VI. FACILITY LOCATION | |
|---|-------------|
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | |
| 5 | FRONTAGE RD |
| B. COUNTY NAME | |
| 6 | NEW HAVEN |
| C. CITY OR TOWN | |
| 6 | EAST HAVEN |
| D. STATE | |
| 7 | CT |
| E. ZIP CODE | |
| 8 | 06512 |
| F. COUNTY CODE (if known) | |
| 9 | |

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

| A. FIRST | | | | B. SECOND | | | |
|-----------|---|---|---|-----------|---------------------|-----------|--|
| 4 | 2 | 2 | 6 | (specify) | SPECIAL WAREHOUSING | (specify) | |
| C. THIRD | | | | D. FOURTH | | | |
| (specify) | | | | (specify) | | | |

VIII. OPERATOR INFORMATION

| A. NAME | | | | | | | | | | B. Is the name listed in item VIII-A also the owner? | | | | | |
|--|--|--|--|-------------|--|---|--|---|--|---|--|-------------|--|---|--|
| NEW HAVEN TERMINAL INC. | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | D. PHONE (area code & no.) | | | | | |
| F = FEDERAL | | M = PUBLIC (other than federal or state) | | P (specify) | | C | | A | | 2 0 3 4 6 9 1 3 9 1 | | | | | |
| S = STATE | | O = OTHER (specify) | | | | | | | | | | | | | |
| P = PRIVATE | | | | | | | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | |
| BOX 1914 | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | G. STATE | | H. ZIP CODE | | I. INDIAN LAND | |
| NEW HAVEN | | | | | | | | | | CT | | 0 6 5 0 9 | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water) | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 9 N | | | | | | | | | | 9 P | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| 9 U | | | | | | | | | | CT DEP (specify) CT DEP NO NUMBER | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| 9 R | | | | | | | | | | (specify) | | | | | | | | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

THIS IS A "FOR HIRE" TANK FARM STORING PETROLEUM PRODUCTS.
PRODUCT COMES IN BY PIPELINE AND LEAVES BY PIPELINE OR TRUCK.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) | B. SIGNATURE | C. DATE SIGNED |
|--|--------------|----------------|
| KEN B. YOUNG - VICE PRESIDENT | Ken B. Young | 11/18/80 |

COMMENTS FOR OFFICIAL USE ONLY

| C |
|---|
| |

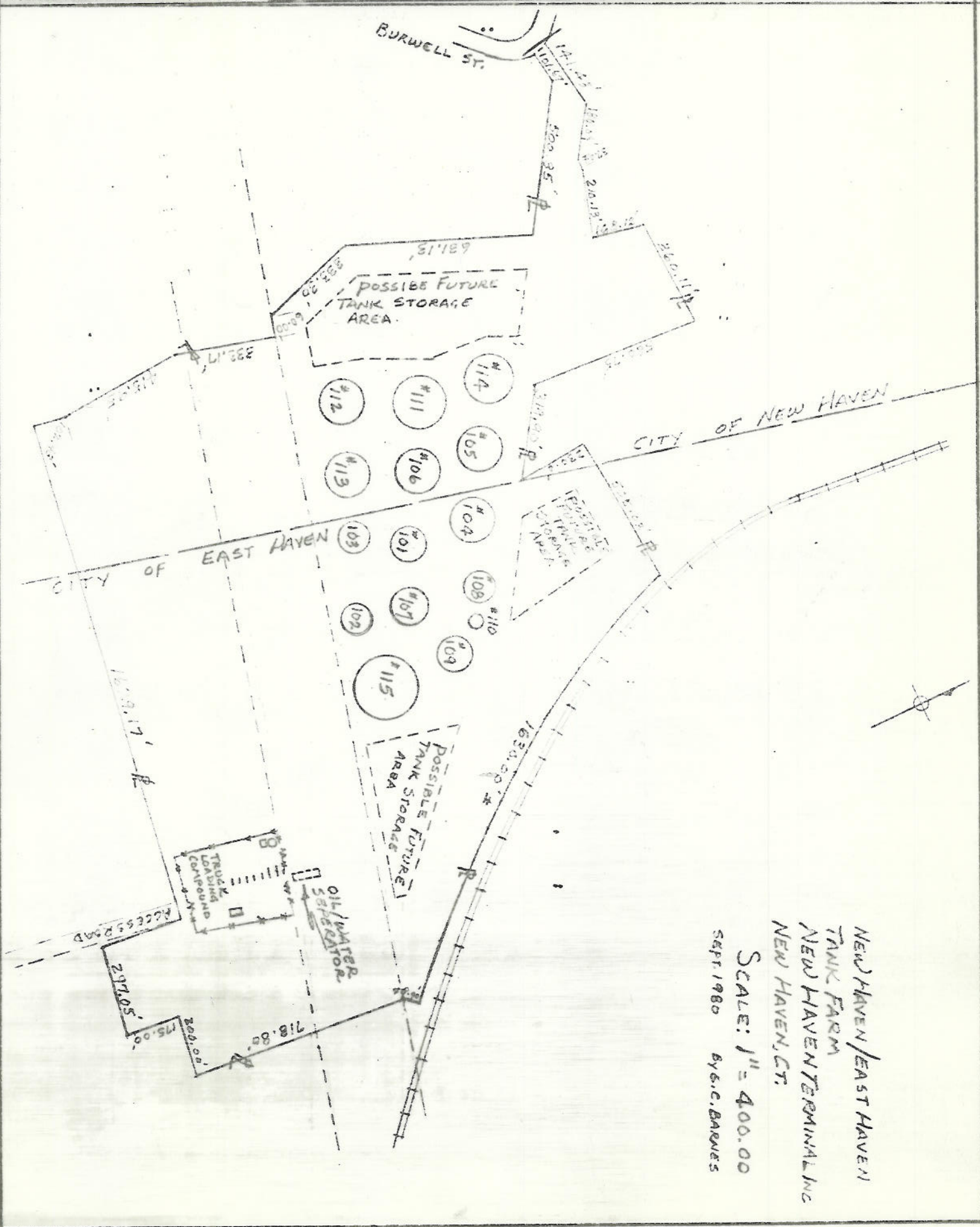


LOCATION MAP
NEW HAVEN TERMINAL INC.
TANK FARM
NEW HAVEN / EAST HAVEN CT.

7.5 MINUTE SERIES (TOPO)
SCALE: 1:24000

COPIED FROM USGS MAP FOR NEW HAVEN / BRANFORD, CONN.

V. FACILITY DRAWING (see page 4)



| | | | |
|---|--|--|---|
| FORM <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div> GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i> | 1. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 0.8em;"> E C T D 0 0 0 8 4 0 2 7 2 F 1 2 13 14 D </div> |
| LABEL TYPES EPA I.D. NUMBER 1. FACILITY NAME FACILITY MAILING ADDRESS FACILITY LOCATION | | PLEASE PLACE LABEL IN THIS SPACE | |
| | | GENERAL INSTRUCTIONS <p> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. </p> | |

POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK 'X' | | | SPECIFIC QUESTIONS | MARK 'X' | | |
|--|----------|----|---------------|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED |
| 1. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| 2. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| 3. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| 5. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

NAME OF FACILITY

| | |
|------|-----------------------------------|
| SKIP | NEW HAVEN TERMINAL INC EAST HAVEN |
|------|-----------------------------------|

IV FACILITY CONTACT

| A. NAME & TITLE (last, first, & title) | | B. PHONE (area code & no.) | |
|--|-----------------------------|----------------------------|----------|
| C 2 | YOUNG, KEN, VICE, PRESIDENT | 203 | 469 1391 |

FACILITY MAILING ADDRESS

| | |
|-----------------------|-------------|
| A. STREET OR P.O. BOX | |
| BOX 1914 | |
| B. CITY OR TOWN | |
| NEW HAVEN | |
| C. STATE | D. ZIP CODE |
| CT | 06509 |

V/ FACILITY LOCATION

| | | | |
|---|--|---------------------------|-------------|
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | |
| 5 FRONTAGE RD | | | |
| B. COUNTY NAME | | | |
| NEW HAVEN | | | |
| C. CITY OR TOWN | | D. STATE | E. ZIP CODE |
| EAST HAVEN | | CT | 06512 |
| | | F. COUNTY CODE (if known) | |
| | | | |

CONTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST

B. SECOND

C. THIRD

D. FOURTH

II. OPERATOR INFORMATION

A. NAME

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

D. PHONE (area code & no.)

F = FEDERAL
S = STATE
P = PRIVATE

M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

2 0 3 4 6 9 1 3 9 1

E. STREET OR P.O. BOX

F. CITY OR TOWN

G. STATE

H. ZIP CODE

I. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

C. RCRA (Hazardous Wastes)

E. OTHER (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

THIS IS A "FOR HIRE" TANK FARM STORING PETROLEUM PRODUCTS.
PRODUCT COMES IN BY PIPELINE AND LEAVES BY PIPELINE OR TRUCK.

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

KEN B. YOUNG - VICE PRESIDENT

Ken B. Young

11/18/80

COMMENTS FOR OFFICIAL USE ONLY

U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
F C T D 0 0 0 8 4 0 2 7 2 3 1

FOR OFFICIAL USE ONLY

| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) | COMMENTS |
|----------------------|---------------------------------|----------|
| | | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

YR. MO. DAY
6 8 0 8 2 0

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY
7 9 7 6 7 7 7 6

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|----------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | | | |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-Feet | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

| LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY |
|-------------|-----------------------------------|----------------------------|---------------------------------|-------------|-----------------------------------|----------------------------|---------------------------------|
| | | 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | | | 1. AMOUNT | 2. UNIT OF MEASURE (enter code) |
| X-1 | S02 | 600 | G | 5 | | | |
| X-2 | T03 | 20 | E | 6 | | | |
| 1 | S02 | 20,000 | G | 7 | | | |
| 2 | S01 | 500,000 | G | 8 | | | |
| 3 | S02 | 12,000 | G | 9 | | | |
| 4 | S02 | 32,000 | G | 10 | | | |

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | |
|--|---------------------------------------|---|---|---|---------------------------------------|---|---|---|---------------------------------|---|--------------------------|---|-----------------------|---|---|-----|--|--|---|---|-----|--|--|--|--|--|
| W | C | T | D | 0 | 0 | 0 | 8 | 4 | 0 | 2 | 7 | 2 | 3 | 1 | W | DUP | | | | 2 | DUP | | | | | |
| V. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | | | | C. UNIT OF MEASURE (enter code) | | D. PROCESSES | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | |
| 1 | F | 0 | 0 | 5 | 660 000 | | | | P | | S | 0 | 2 | | | | | | | | | | | | | |
| 2 | K | 0 | 4 | 9 | 645 000 | | | | P | | S | 0 | 2 | | | | | | | | | | | | | |
| 3 | K | 0 | 5 | 0 | 645 000 | | | | P | | S | 0 | 2 | | | | | | | | | | | | | |
| 4 | K | 0 | 5 | 1 | 750 000 | | | | P | | S | 0 | 1 | | | | | | | | | | | | | |
| 5 | K | 0 | 5 | 2 | 35000 000 | | | | P | | S | 0 | 2 | | | | | | | | | | | | | |
| 6 | P | 1 | 1 | 0 | 700 000 | | | | P | | S | 0 | 1 | | | | | | | | | | | | | |
| 7 | U | 1 | 5 | 4 | 7450 000 | | | | P | | S | 0 | 2 | | | | | | | | | | | | | |
| 8 | D | 0 | 0 | 1 | 35000 000 | | | | P | | S | 0 | 2 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | |

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

| EPA I.D. NO. (enter from page 1) | | | | | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|-----|---|--|
| S | | | | | | | | | | | | | T/A | C | |
| F | C | T | D | O | O | O | 8 | 4 | 0 | 2 | 7 | 2 | 3 | 6 | |

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FL6: A155

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*). F6: A1

Flair A156

LATITUDE (degrees, minutes, & seconds)

| | | | | | |
|----|----|----|----|----|----|
| 4 | 1 | 1 | 7 | 3 | 0 |
| 45 | 45 | 67 | 68 | 69 | 70 |

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | | | |
|---------|---|---|--|-------|---|--|---------|---|
| | 7 | 2 | | 5 | 2 | | 3 | 0 |
| 72 - 78 | | | | 75 76 | | | 77 - 79 | |

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

g. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. NAME OF FACILITY'S LEGAL OWNER | | | | | | | | | | 2. PHONE NO. (area code & no.) | | | | | | | | | | | | | |
| <div> <div>C</div> <div>E</div> </div> | | | | | | | | | | <div> <div>55</div> <div>56</div> <div>-</div> <div>58</div> <div>59</div> <div>-</div> <div>61</div> <div>62</div> <div>-</div> <div>63</div> </div> | | | | | | | | | | | | | |
| 3. STREET OR P.O. BOX | | | | | | | | | | 4. CITY OR TOWN | | | | | | | | | | 5. ST. | | 6. ZIP CODE | |
| <div> <div>C</div> <div>F</div> </div> | | | | | | | | | | <div> <div>C</div> <div>G</div> </div> | | | | | | | | | | <div> <div>55</div> <div>56</div> <div>57</div> <div>58</div> <div>59</div> <div>60</div> <div>61</div> <div>62</div> </div> | | <div> <div>63</div> <div>64</div> <div>65</div> <div>66</div> <div>67</div> <div>68</div> <div>69</div> <div>70</div> </div> | |

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| KEN B. YOUNG | Ken B. Young | 11/18/80 |

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
|-------------------------|--------------|----------------|

Please print or type with El

type (12 characters/inch) in the unshaded areas only.

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 601 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

NEW HAVEN TERMINAL, INC.
P. O. BOX 1914
NEW HAVEN, CT. 06509
PLEASE PLACE LABEL IN THIS SPACE

FRONTAGE ROAD
EAST HAVEN, CT. 06512

Aug 18 3 41 PM '80

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

CTDC00084C27231

A

8/00/80

I. NAME OF INSTALLATION

NEW HAVEN TERMINAL, INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P. O. BOX 1914

CITY OR TOWN

NEW HAVEN

ST.

ZIP CODE

CT 06509

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

FRONTAGE ROAD

CITY OR TOWN

EAST HAVEN

ST.

ZIP CODE

CT 06512

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

YOUNG KEN VICE PRESIDENT

PHONE NO. (area code & no.)

203-469-1391

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

NEW HAVEN TERMINAL, INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| W | C | T | D | 0 | 0 | 0 | 8 | 4 | 0 | 2 | 7 | 2 | 1 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 7 | 8 | 9 | 10 | 11 | 12 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 13 | 14 | 15 | 16 | 17 | 18 |
| K 0 4 9 | K 0 5 0 | K 0 5 1 | K 0 5 2 | | |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25 | 26 | 27 | 28 | 29 | 30 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 31 | 32 | 33 | 34 | 35 | 36 |
| P 1 1 0 | | | | | |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 49 | 50 | 51 | 52 | 53 | 54 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Ken B. Young

NAME & OFFICIAL TITLE (type or print)

KEN YOUNG
VICE PRESIDENT

DATE SIGNED

August 12, 1980

EPA Form 8700-12 (6-80) REVERSE

CTD000840272

NEW HAVEN TERMINAL INC. EAST HAVEN

C

added
8/17/81
at long
dy

CTD000840272

FRANK MAITLAND

[illegible]CROSS-REFERENCE LOG



NEW HAVEN TERMINAL, INC.
NEW HAVEN, CONNECTICUT



North

NEW HAVEN TERMINAL INC.

PIER & BULKHEAD LINE

NEW HAVEN TERMINAL INC.
NEW HAVEN, CONN.
DOTTED LINES --- LEASED AREAS

OCT. 1980